

Form 703State Form # 50216 (6-01)
Rev. 03/01Indiana ID/USDOT Number _____
(To be completed by dept.)**Application for Emergency or Temporary Authority**Before the Indiana Department of Revenue, application for _____ authority
(Common or Contract) (Emergency Temporary or Temporary)1. Applicant Carrier's Name (include DBA, if appropriate) _____

2. Street Address _____

3. City, State, Zip _____

4. Telephone _____ County _____

5. Principal Place of Business in Indiana (if other than above):

(Street Address) (City) (State) (Zip)_____
(County)

6. Check One: Partnership _____ Corporation _____ Individual _____

7. If Applicant is a partnership, give the name and address of each member thereof; if Applicant is a corporation, give the name, title, and address of each principal officer:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

8. If Applicant is a corporation, provide the State and the date of incorporation:

(State) (Date of Incorporation) (Total Number of Shares Outstanding)

Last year annual report was filed with Indiana Secretary of State _____

9. List the name of each shareholder and the number of shares held by each shareholder:

Name	Number of Shares

10. List all other Motor Carrier Companies which hold Indiana Intrastate Authority in which each shareholder has an interest; indicate the number of shares held by that shareholder:

Motor Carrier Company	Certificate or Permit No.	Shareholder	Number of Shares

11. Is Applicant currently in Bankruptcy? ☐ Yes ☐ No

Has Applicant ever filed for Bankruptcy? ☐ Yes ☐ No

If yes, indicate cause number, date of filing and in what court filed: _____

12. Has any shareholder, partner or owner of Applicant ever been a shareholder, partner or owner of a Motor Carrier which has filed bankruptcy?

☐ Yes ☐ No If Yes, complete the following:

Name of Shareholder, Partner, or Owner	Motor Carrier	Date of Bankruptcy Petition	Cause No. of Bankruptcy Petition	Court filed in

Did any Motor Carrier listed above hold Indiana Intrastate Authority? ☐ Yes ☐ No

If Yes, indicate Certificate or Permit Number: _____

What was the disposition of the Certificate or Permit as a result of the Bankruptcy? _____

Did that Motor Carrier list the State of Indiana as a creditor? ☐ Yes ☐ No

If Yes, state what debt was owed and whether the debt was discharged or paid pursuant to a reorganization? _____

13. If an application for permanent authority has previously been filed for the same operations described in question 14 below, give the docket number of the application and the date the application was filed:

Docket Number: _____ Date Filed: _____

14. I hereby apply for a _____ to operate motor vehicles as a _____
(Certificate or Permit) (Common or Contract)

carrier of _____ in intrastate commerce.
(Passenger or Property)

(Type(s) of commodities or passengers to be transported)

(Territorial Scope in which commodities will be transported)

15. If this application is for a permit, complete the following regarding contracting shipper:

Name _____

Address _____

Type(s) of Property or Passengers to be Transported: _____

Name _____

Address _____

Type(s) of Property or Passengers to be Transported: _____

16. Is Applicant now operating under an Indiana Intrastate Certificate(s) and/or Permit? ☐ Yes ☐ No

If Yes, give number(s): _____

17. In support of this application, Applicant submits the following exhibits, attached hereto and made part hereof.

Exhibit A - A statement describing Applicant's financial status, including a brief statement of assets and liabilities as of the date of application, and a copy of Applicant's most recent balance sheet and income statement.

Exhibit B - A certificate from the Secretary of State of Indiana showing Applicant is registered to do business in Indiana (if the applicant is a non-resident corporation);

or

A certificate of existence from the Secretary of State of Indiana (if the Applicant is an Indiana corporation).

Exhibit C - If Applicant is currently in Bankruptcy, a copy of the Bankruptcy Petition.

Exhibit D - Copies of all Indiana Intrastate Certificates or Permits reflecting authority granted there in.

WHEREFORE, Applicant asks the Indiana Department of Revenue to authorize Applicant to operate motor vehicles over the public highways of the state as set forth herein.

DATED THIS _____ DAY OF _____, 20 ____.

(Applicant's Signature)

(Print Applicant's Name)

(Title)

(Signature of Attorney or Representative of Applicant)

(Print Name of Attorney or Representative)

(Address)

(Telephone)

STATE OF _____)
) SS:
COUNTY OF _____)

Before me the undersigned, a Notary Public for _____ County, State of _____, personally appeared _____, and he being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this _____ day of _____, 20 ____.

(Signature) Notary Public

(Printed Name)

County of Residence: _____ My Commission Expires: _____

Instructions for Application for Common or Contract Emergency Temporary Authority or Temporary Authority

Please read these instructions carefully before completing the application.

Definitions:

- Common Carrier - A person holding itself out to the general public to provide motor vehicle transportation for compensation.
- Contract Carrier - A person, providing motor vehicle transportation for compensation under continuing contract(s) for named shipper(s).
- Certificate - The document issued by the Department to a Common Carrier.
- Permit - The document issued by the Department to a Contract Carrier.

The application for emergency temporary or temporary authority must be typewritten. The original and one (1) copy of the application must be filed.

Each line of the application must be completed. If a line is not applicable to you or your operation, you should type "N/A" in the space provided for the answer.

If applicant is a corporation, I.C. 34-9-1-1 requires that applicant must be represented by an attorney.

In order for the application to be processed by the Department, you must include the following with your application:

1. A filing fee of fifty dollars (\$50.00); make checks payable to the Indiana Department of Revenue;
2. Three (3) copies of a tariff (if you are seeking authority to operate as a common carrier); or
Three (3) copies of a schedule of minimum rates and a copy of each proposed signed contract, or a copy of the signed contract with rates attached (if you are seeking authority to operate as a contract carrier);
3. Proof of insurance as required by I.C. 8-2.1-22-46 and 45 IAC 16-1-2. Your insurance company must file a Form E with the Indiana Department of Revenue which indicates the amount of coverage.
4. A certificate from the Secretary of State of Indiana showing that you are registered to do business in Indiana (if your company is a non-resident corporation); or
A certificate of existence from the Secretary of State of Indiana (if your company is an Indiana corporation); and
5. Affidavits from members of the shipping public which establish that an emergency and/or immediate need exists for the proposed service.
6. A statement describing Applicant's financial status, including a brief statement of assets and liabilities as of the date of application, and a copy of Applicant's most recent balance sheet and income statement.

If you have any questions regarding this application, please contact the Department at:

Indiana Department of Revenue
Motor Carrier Services
Insurance and Safety Unit
5252 Decatur Blvd., Ste. R
Indianapolis, Indiana 46241
or call (317) 615-7290